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CONFIRMATION NO. 6770

<b>SERIAL NUMBER</b> 10/675,674	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 708	<b>GROUP ART UNIT</b> 2193	<b>ATTORNEY DOCKET NO.</b> AUS920030494US1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* CD no\*\* FOREIGN APPLICATIONS \*\*\*\*\* CD no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <u>22</u> <u>9</u>	<b>INDEPENDENT CLAIMS</b> <u>4</u> <u>3</u>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>CD</u>				

## ADDRESS

45992

## TITLE

Fused booth encoder multiplexer

<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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